



# Summer Day Camp

Lake Lauderdale

Administered by the Cambridge Youth Commission

## Schedule & Times

**DATES** – The program begins on **July 5th and ends on August 12th** operating Monday through Friday at Lake Lauderdale. (No program on Monday, July 4<sup>th</sup>)

**FREE MORNING PROGRAM (9 – 11:30am)** - The morning portion will feature a variety of fun and engaging activities in a beautiful natural environment. **American Red Cross swimming lessons** will be given to each child. They will also participate in other activities including organized sports, art & crafts, music and drama, camp games and nature & science activities.

Children will be assigned to a counselor and **placed in groups with others of their own age**. Their groups will rotate through the activities, which will be organized and taught by adults who have shown expertise in the topic. Our mission is to fill the morning with **new experiences, important skills and fun for all!**

**LUNCH (11:30am-12pm)** – If your child is staying for lunch please send a bagged lunch for them. The campers will eat with their friends under the pavilion.

**AFTERNOON RECREATION PROGRAM (Afternoon 11:30am – 5:30)** The afternoon portion of the program is our Recreation Program meant to **allow kids time to relax and have a blast with their friends**. There will be time to play on the playground and in the sand. Scheduled free swim times will be set as well as fun with board games, sports, camp games, nature walks and much more! We will also have special events and visitors each week to enhance the camp experience. (Bounce House, Juggler, Messy Olympics etc)

## Rates

**MORNING PROGRAM** – Thanks to the contributions from local municipalities, the Washington County Youth Bureau and our sponsors. **There is no fee to participate** in the morning program (9-11:30am). Be sure to thank your Town

and Village representatives as well as our sponsors for helping to provide this program to your children.

**AFTERNOON RECREATION PROGRAM** – There is a fee of **\$75 per week for your child to utilize the full day camp (7:30am-5:30pm)**. *Families with three or more children may pay \$65 per child per week.*

**EARLY DROP-OFF PROGRAM** – There is a fee of **\$25 per week for your child to utilize the early drop-off program (7-9:00am)**. Children who are routinely dropped-off early will be charged for this service.

**SCHOLARSHIPS** – We want every child to be able to participate in the summer program regardless of their family's financial status. **Please contact us to ask about scholarships! Call our Director Directly, Meaghan Wilkins, 677-3086 to inquire.**

## Odds and Ends

**WHO CAN PARTICIPATE?** All children who will be in kindergarten to 8<sup>th</sup> grade in the fall of 2011 & who reside in the **Towns of Cambridge, Jackson, Salem or White Creek may attend**. If space allows, children from other towns may attend but must pay an out of district tuition of \$100 for the summer for the morning program and all other rates apply.

**WHAT TO BRING:** Dress child comfortably and in clothes and shoes appropriate for a variety of activities. Sneakers are recommended. **NO FLIP FLOPS** Please also bring:

Backpack, Reusable water bottle, Swimsuit & Towel, Waterproof Sunscreen, Insect Repellent, Bagged lunch if staying for lunch.

**SNACKS:** Children may bring money to use at our snack bar, but other than that money is not necessary. If you do not wish to send money with your child you may purchase a **snack bar card(s)** when you register. This card will be kept on file with CYC staff, so your child won't be in danger of losing it.

**Office use only**

Date received \_\_\_\_\_

Date Confirmation Mailed \_\_\_\_\_

Notes \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_ RACE (*For grant records*) \_\_\_\_\_

GRADE AT CAMP \_\_\_\_\_ HAVE YOU BEEN TO CYC CAMP BEFORE: Y N

PARENT OR GUARDIAN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(street address) (city & state) (zip)PHONE NUMBER \_\_\_\_\_  
(home) (work) (cell)

EMAIL \_\_\_\_\_

Please circle where you live:

Town of Cambridge

Town of Hebron

Town of Jackson

Town of Salem

Town of White Creek

Village of Cambridge

Village of Salem

Other \_\_\_\_\_

School \_\_\_\_\_

PLEASE PUT MY CHILD IN A CAMP GROUP WITH \_\_\_\_\_

*We will do our best to accommodate your requests.*

Please list up to three people who are authorized to pick-up your child other than those listed on the Parent or Guardian Line. Your child will not be released to anyone but the five people listed on this form. A photo ID may be required by these adults, please inform those on this list.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



Lake Lauderdale

Name \_\_\_\_\_

Fall 2011 Grade \_\_\_\_\_

Please check all that apply. Registration is on a first come first served basis

### **PART 1 –DAY CAMP SIGN UP**

Please check all weeks your child will attend the full day camp, 7:00am-5:30pm (\$75/week)

*Drop off after 7 and pick-up before 5:30 is fine, just make us aware of the times, no change in price however.*

\_\_\_ July 5-8    \_\_\_ July 11-15    \_\_\_ July 18-22    \_\_\_ July 25-29    \_\_\_ August 1-5    \_\_\_ August 8-12

### **PART 2 – MORNING PROGRAM ONLY**

Please check all weeks your child will only attend the morning program, 9:00-11:30am (Free)

*Drop-off and pick-up times must be strictly followed due to staff schedules.*

\_\_\_ July 5-8    \_\_\_ July 11-15    \_\_\_ July 18-22    \_\_\_ July 25-29    \_\_\_ August 1-5    \_\_\_ August 8-12

### **PART 2 – EARLY DROP-OFF**

Please check all weeks your child will need early drop-off care, 7:00-9:00am (\$25/week)

*This is for those who will be picking up their child by 11:30am*

\_\_\_ July 5-8    \_\_\_ July 11-15    \_\_\_ July 18-22    \_\_\_ July 25-29    \_\_\_ August 1-5    \_\_\_ August 8-12

### **Payment Calculation**

#\_\_\_\_\_ Full Camp Weeks x \$75 .....\$\_\_\_\_\_

#\_\_\_\_\_ Early Drop-off Weeks x \$75 .....\$\_\_\_\_\_

#\_\_\_\_\_ Snack Bar Cards x \$10.....\$\_\_\_\_\_

Total Due.....\$\_\_\_\_\_

A \$50 deposit is required to register, full balance due by June 1, 2011

*Make checks payable to Cambridge Youth Commission*

### **SALEM BUS**

There will be bus transportation from the Salem School each morning, leaving at 8:45am and back to the Salem Courthouse at 11:30am. To help offset the cost families are asked to pay \$25 per child or \$40 for families of two or more children. If your child will be riding the bus please enclose a check with your registration, made out to the Town of Salem. Thank you.

*Please note, there is no bus transportation from the Village of Cambridge*

**MEDICAL FORM & RELEASE STATEMENT**  
**Registration Not Accepted Unless Medical Form is Complete**

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE AT CAMP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street Address City State Zip

GENDER \_\_\_\_\_ GRADE AT CAMP \_\_\_\_\_

**CONTACT INFORMATION IN CASE OF EMERGENCY**

MOTHER'S NAME HOME PHONE # WORK PHONE # MOBILE PHONE #

FATHER'S NAME HOME PHONE # WORK PHONE # MOBILE PHONE #

EMERGENCY CONTACT HOME PHONE # WORK PHONE # MOBILE PHONE #

**INSURANCE INFORMATION**

IS THE PARTICIPANT COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, INDICATE CARRIER OR PLAN NAME \_\_\_\_\_

GROUP # \_\_\_\_\_ A photocopy of the front and back of the health insurance card  
must be attached to this form.

NAME OF INSURANCE HOLDER

**MEDICAL TREATMENT AUTHORIZATION**

This health history is correct and complete. The person described in this form has permission to engage in all camp activities except as noted within.

I hereby give permission to the Cambridge Youth Commission to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Cambridge Youth Commission to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent or Guardian or adult staff: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

**ALLERGIES**

\_\_\_\_\_ No known allergies \_\_\_\_\_ This camper is allergic to: \_\_\_\_\_ Food \_\_\_\_\_ Medicine \_\_\_\_\_ Environmental (insect stings, hay fever, etc.)

Please describe below any allergies and the reaction seen:

## HEALTH HISTORY

Circle "Yes" or "No" for each statement. Explain "Yes" answers below.

Please explain "Yes" Answers in the space below, noting the number of questions. For travel outside the country, please name countries visited and dates of travel.

Has/does the camper:

- |                                                  |   |   |                                                          |   |   |
|--------------------------------------------------|---|---|----------------------------------------------------------|---|---|
| 1. Ever been hospitalized?.....                  | Y | N | 11. Had fainting or dizziness?.....                      | Y | N |
| 2. Ever had surgery?.....                        | Y | N | 12. Passed out/had chest pain during exercise?.....      | Y | N |
| 3. Have recurrent/chronic illnesses?.....        | Y | N | 13. Had mononucleosis during the past 12 months?.....    | Y | N |
| 4. Had a recent infection disease?.....          | Y | N | 14. If female, have problems with menstruation?.....     | Y | N |
| 5. Had a recent injury?.....                     | Y | N | 15. Have problems with falling asleep/sleepwalking?..... | Y | N |
| 6. Has asthma/wheezing/ shortness of breath..... | Y | N | 16. Ever had back/joint problems?.....                   | Y | N |
| 7. Have diabetes?.....                           | Y | N | 17. Have a history of bed wetting?.....                  | Y | N |
| 8. Had seizures?.....                            | Y | N | 18. Have problems with diarrhea/constipation?.....       | Y | N |
| 9. Had headaches?.....                           | Y | N | 19. Have any skin problems?.....                         | Y | N |
| 10. Wear glasses, contacts, other eyewear?.....  | Y | N | 20. Traveled outside the country in the past 9 months?.. | Y | N |

Please explain "Yes" Answers in the space below, noting the number of questions. For travel outside the country, please name countries visited and dates of travel.

## RESTRICTIONS AND OTHER INFORMATION

Please, list and explain anything else we should be aware of, including behavioral, emotional and physical issues.

## IMMUNIZATIONS

Attach a copy of your child's up-to-date immunization record to this form.

**Camp registration is not complete until Immunization Record is received.**

### Important Information

Name of Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Please check all over the counter medicines you would allow your child to have at camp:

\_\_\_\_\_ Tylenol \_\_\_\_\_ Motrin \_\_\_\_\_ insect repellent \_\_\_\_\_ sunscreen \_\_\_\_\_ anti-itch cream  
\_\_\_\_\_ antibiotic ointment \_\_\_\_\_ Benadryl \_\_\_\_\_ first aid cream

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_